

Professional Licensing Agency
402 West Washington Street
Room W072
Indianapolis, IN 46204



Eric J. Holcomb
Governor of Indiana
Deborah J. Frye
PLA Executive Director

Direct Entry Midwife Renewal

To renew, send this form with the renewal fee of \$50.00 to the address above, allowing 4 weeks for processing. Make check or money order payable to 'Indiana Professional Licensing Agency'. If this document is postmarked after the license expiration date you must include a \$50.00 late fee. If you answer 'Yes' to any disciplinary question below send a detailed statement regarding the response with your renewal form. You may choose to submit the Annual Reporting form (<https://www.in.gov/pla/4046.htm>) for calendar year 2018, due March 31, 2019 with this renewal form. However, this report is not a prerequisite to renewal

LICENSEE INFORMATION: Update address, if needed, and provide a current phone number and email address

| | | | |
|----------------|----------------|-----------------|-------------|
| Licensee Name | License Number | Expiration Date | Renewal Fee |
| Street Address | | | |
| City | State | Zip Code | |
| Phone Number | Email Address | | |

QUESTIONS

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|--|--------|
| 1. Since you last renewed, has any health profession license, certificate, registration or permit you hold or have held been disciplined or are formal charges pending in any state or U.S. territory? | YES NO |
| 2. Since you last renewed, have you been denied a license, certificate, registration, or permit in any state or U.S. territory? | YES NO |
| 3. Since you last renewed, and except for minor violations of traffic laws resulting in fines and arrests or convictions that have been expunged by a court, have you been arrested, entered into a diversion agreement, been convicted of, pled guilty to, or pled nolo contendere to any offense, misdemeanor, or felony in any state or U.S. territory? | YES NO |
| 4. Since you last renewed, have you had a civil judgement against you or settled a civil case related to your delivery of midwifery services? | YES NO |
| 5. Since you last renewed, have you allowed your CPM credential to lapse or expire? | YES NO |
| 6. Since you last renewed, have you allowed your liability insurance coverage to lapse or expire? | YES NO |

Pursuant to IC 12-32-15 and IC 12-32-1-6, I swear under the penalty of perjury that:

☐ I am a United States Citizen ☐ I am a qualified alien (as defined under 8 U.S.C. § 1641)

LICENSEE AFFIRMATION

I hereby swear or affirm under the penalties of perjury that I have met the continuing education requirements for renewal, met peer review requirements, understand the Indiana Certified Direct Entry Midwifery Committee statutes and rules and have answered the questions true to the best of my knowledge.

Signature of Licensee

Date (month, day, year)

Visit us on the web at www.pla.in.gov. If you have any questions for the Indiana Certified Direct Entry Midwifery Committee please email renewal3@pla.in.gov or call 317-234-2060.

FOR OFFICE USE ONLY

| | | |
|-------------|-------------|------|
| Renewal Fee | Receipt No. | Date |
|-------------|-------------|------|